**LILAC CITY COUNSELING, INC.**

163 Rochester Hill Road, Rochester, NH 03867

603-743-4004

**CONFIDENTIALITY AGREEMENT**

**COUPLES THERAPY**

Treatment records of couple’s sessions contain information about both individuals in therapy. In the State of New Hampshire, couples are not legally provided with the same level of confidentiality as individual clients for their mental health information. That is, legally, either person has a right to obtain treatment records.

As licensed psychologists and social workers, we are ethically bound to attempt to protect your privacy. Therefore, we encourage you to agree to not request therapy records without the consent of both parties. In the event that one client requests therapy records, it is understood and agreed that we will inform the other client of this request.

**AGREEMENT**: We understand and agree that the records of our couple’s therapy can be released ONLY with the written consent of both of us. If our therapist receives a request from one client, it is understood and agreed that our therapist will contact the other client to notify them and attempt to obtain permission.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician: I have reviewed this agreement with my clients and I have answered any questions or concerns that my clients have.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_